Autism and Neurodevelopmental Clinic
in affiliation with WSU Elson S. Floyd College of Medicine

Address:
WSU Spokane
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About Us

The Autism and Neurodevelopmental Clinic, operated in affiliation with WSU Elson S. Floyd College of Medicine and its Autism and Neurodevelopmental Program of Excellence, provides interdisciplinary and comprehensive evaluation for autism spectrum disorder (ASD) and other neurodevelopmental disorders for children between 18 months and 18 years of age.

Our evaluation includes full medical work-up and evaluation in all developmental areas relevant to diagnosis of ASD, including differential diagnosis and assessment of comorbidities as needed when ASD is the primary clinical question. As a part of our evaluation process, our team offers evidence-based treatment planning and support to the families we serve.

Medical Referral Form

Referral Date: ______________________________

Patient Information:

Patient Name: ____ DOB: _________________________

Parent/ guardian Name(s): ____

Patient address: ____

Primary contact (Parent) phone: Cell: _____________________ Work:____

Primary contact (Parent) Email:____

Patient Insurance Information:

Primary Insurance Name: ____

Insurance Group number: ____

Insurance ID: ____

Primary Insurance phone number: ____

Primary Policy holder name and DOB: ____

Referring Physician Information:

Referring Physician's Name: ____

Practice Name and Address: ____

____

Physician Phone: ______________________ Fax: ______________________

Requested Specialty Consultation (to be filled out by referring provider): Our clinic is **not** equipped to treat children with active homicidal/suicidal ideation, acute psychosis, active substance use or other pediatric emergencies.

As a multidisciplinary diagnostic clinic, our priority is evaluating primarily for autism spectrum disorder when there is not a documented diagnosis. Please indicate the specific reason for this referral:
Reason for Referral including symptoms of concern:

____

What clinical question would you like answered/what services is the family seeking from the WSU clinic:

____

Current
Diagnoses/ICD:____

Attached medical records list: Please check below.

- Clinic notes
- State newborn metabolic/genetic screening results
- Available vision/audiology test results
- Medication history
- Growth charts/curves
- Lab reports
- Brain Imaging and other diagnostic reports including genetic testing.
- Previous specialty evaluations
- Previous school records/IEP or testing results.
- Developmental assessments
- Previous therapy evaluation (OT/PT/Speech)
- Previous psychological evaluation

Does family require an interpreter? Yes/ No

Any known barriers to performing a successful telehealth (video) visit with the family? Yes/No

Total pages sent: __________

Physician Name (Printed): ____

Physician Signature: ____